DOCUMENT RESUME

ED 357 909 RC 019 138

AUTHOR	Cahape, Patricia
TITLE	The Migrant Student Record Transfer System (MSRTS): An Update. ERIC Digest.
INSTITUTION	ERIC Clearinghouse on Rural Education and Small Schools, Charleston, WV.
SPONS AGENCY	Office of Educational Research and Improvement (ED), Washington, DC.
REPORT NO	EDO-RC-93-3
PUB DATE	Mar 93
CONTRACT	RI88062016
NOTE	3p.
AVAILABLE FROM	ERIC/CRESS, Appalachia Educational Laboratory, P.O. Box 1348, Charleston, WV 25325 (free).
PUB TYPE	Information Analyses - ERIC Clearinghouse Products (071)
EDRS PRICE	MF01/PC01 Plus Postage.
DESCRIPTORS	*Coordination; Databases; Educational Cooperation; Elementary Secondary Education; *Information Services; Migrant Children; *Migrant Education; *Student Records
IDENTIFIERS	ERIC Digests; Medical Records; *Migrant Student Record Transfer System

ABSTRACT

Begun in 1969, the Migrant Student Record Transfer System (MSRTS) records, maintains, and transfers education and health information on over 600,000 migrant children in 49 states, the District of Columbia, and Puerto Rico. This information is used by local educators dealing with individual migrant students, and by local, state, and federal planners and evaluators. The mobility of migrant students creates unique problems related to discontinuity in their educational program and isolation from the community. These factors, plus poverty and linguistic and cultural barriers, contribute to a high dropout rate and a high rate of placement below grade level among migrant students. School personnel can use MSRTS data to place newly enrolled migrant students into appropriate programs and classrooms. In addition, the health information in MSRTS alerts schools to the health problems and needs of particular children. In 1988, the National Commission on Migrant Education found that MSRTS was the only national database serving migrant students. But the Commission also identified system problems: (1) complex and unclear reporting requirements; (2) mechanisms for collecting and reporting information that are paper-based and embedded in several layers of bureaucracy; (3) nonstandardized data collection; and (4) lack of any meaningful role for parents in the system. The Commission's recommendations for improving MSRTS are listed. (SV)

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ERIC DIGEST

Clearinghouse on Rural Education and Small Schools March 1993

The Migrant Student Record Transfer System (MSRTS): An Update

by Patricia Cahape

Digest EDO-RC-93-3

IN 1966, THE U.S. CONGRESS created the Migrant Education Program (MEP) through an amendment to Title I of the Elementary and Secondary Education Act. The responsibilities of the MEP encompassed provision of supplemental education and supportive services for eligible migrant children, including a service for transmitting the education and health records of migrant children as they traveled from school to school. Thus, the MSRTS began in 1969.

This Digest provides brief descriptions of the operation of the MSRTS and its role in addressing the education and health needs of migrant students. The Digest concludes with a discussion of the system's accomplishments and recommendations for its improvement resulting from a recent systemwide evaluation.

How the system operates

The MSRTS is a nationwide information and service network that receives, transmits, and aggregates information to support the efforts of teachers, health providers, program planners, and others involved in the care and education of migrant children. The system has operated since 1969 under contracts with the Arkansas Department of Education. The MSRTS records, maintains, and transfers education and health information on more than 600,000 active, identified migrant children in 49 states, the District of Columbia, and Puerto Rico (National Commission on Migrant Education, 1991).

Most of this information is entered into the system through computers or terminals located in areas with high concentrations of migrant students. Generally, local schools send information to their area data center, which then transmits the information to the MSRTS facility in Little Rock, Arkansas.

In turn, schools enrolling new migrant students can contact the MSRTS (see contact information at the end of this Digest) and receive the records through the mail. The records enable school officials to learn the status of the student's educational progress and health. The MSRTS also downloads information needed by program planners and evaluators via computers at local data centers and state education departments. Planners and state-level decision-makers use this aggregated information to assess program effectiveness and needs and to decide funding levels for migrant programs based on enrollment and other information (Lunon, 1986). The System is also used at the federal level to determine the number of full-time equivalent migrant students, data that determine state allocations for Chapter I funding.

Meeting the challenges faced by migrant students

A migrant student is a child whose parent or guardian is a migratory agricultural worker or a migratory fisherman who has moved from one school district to another during the regular school year. Thus, the status of migrant children is based on their families' mobility and type of labor.

Migrant children face problems that compound the risks they share with many disadvantaged groups. These unique problems often include discontinuity in their educational program and consequent isolation from the community, which, in turn, exacerbate linguistic and cultural barriers. Fifty percent of migratory students in grades 7-12 are placed at grade level, but about 33 percent are one year below grade level and 17 percent are two years or more below grade level (Migrant Education Assistance Project, 1989). The dropout rate for migrant students remains high—about 50 percent—but has improved markedly from the 90 percent rate of 20 years ago (Salerno & Fink, 1989). Factors contributing to the high dropout rate include overage grade placement, poverty, interrupted school attendance, inconsistent recordkeeping (i.e., failure of schools to enter credits earned by students into the MSRTS), and limited English proficiency (Salerno, 1991).

While there have been gains, such as the increased graduation rate, great challenges remain in addressing the needs of migrant students. To address these needs, any school, agency, or organization that serves migrant children is eligible for the services of the MSRTS, including both information and training.

MSRTS staff regularly provide training for state and local personnel. Participants in training sessions include new and experienced MSRTS users such as clerks, aides, data entry specialists, health personnel, teachers, recruiters, coordinators, supervisors, and program administrators. Depending on their role in the system, participants currently receive training in the following topics: structure and data on the MSRTS Health Record and the MSRTS Educational Record, management information, data transmission process, data utilization, and computer and program operations. Beginning in 1990, additional groups have received training via videotape and video-teleconferencing, including regular school personnel and migrant parents and students.

So far, approximately 17,000 sites throughout the country use the MSRTS. Approximately 30 percent of the public schools in the United States and Puerto Rico use the system, as do many health facilities.

Linking migrant education and migrant health

Health status inevitably affects a child's educational well-being. By including both health and educational histories of the migrant student, the MSRTS provides, when complete, a useful profile. School personnel can use academic data to place newly enrolled students into appropriate programs and classrooms. Additionally, critical data messages—which sometimes accompany children's educational data—alert school personnel to urgent problems of particular children (e.g., hemophilia, diabetes, and other serious medical conditions). These messages contain information vital to the initial placement and care of such children.

MSRTS produces several health reports that can be used by schools and health clinics. One report lists the history of a student's

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immunizations, lab tests, and screenings. The other reports identify students who need health screening for dental, vision, or hearing problems; have had a previous abnormal or undetermined screening; or who have unresolved health problems.

Ideally, each new school that a child attends should update the information as appropriate during the child's tenure so the updated record can be passed along to the next school. This process, when functioning properly, allows for immediate attention to ongoing health needs and reduces the possibility of duplicating services.

Findings of the National Commission on Migrant Education

In 1988, Congress authorized the establishment of a National Commission on Migrant Education (NCME), whose responsibilities included a study of the function and effectiveness of the MSRTS. In its 1991 report, the NCME responded to four basic questions. The first two questions concerned the usefulness of the MSRTS to local and state-level users:

- What role has MSRTS performed in assisting the migrant population?
- To what degree is it used for enhancing the education program at the local level and by the classroom teacher?

The Commission found that the MSRTS had become the first and only national database serving migrant students. It had garnered the support of 49 states and established ways for education agencies to coordinate their efforts across state lines. Yet, over time, its usefulness to local educators had diminished. According to the Commission, this change occurred as the system expanded to include state data-management reporting. Reporting requirements subsequently became more burdensome for local educators, who, in the face of complex and unclear reporting requirements, became less responsive. Also, the mechanisms for collecting and reporting information remained paper-based and embedded in several layers of bureaucracy, impeding the information flow, according to the Commission. Thus, the nature of the MSRTS changed. Instead of continuing to develop as a means for exchanging information about students, it became a system for validating decisions already made (NCME, 1991). Other problems identified by the Commission related to the nonstandardized ways in which information was collected by the states and the lack of any meaningful role for parents in the system.

The third question the Commission addressed related to the cost-effectiveness of the MSRTS. The Commission established that the total contract cost for operating the system had been $78.8 million for the years 1969-1992. But it could not, with equal certainty, establish accumulated data entry costs for states and local schools for that same period. Therefore, it recommended that the cost-effectiveness of the MSRTS be thoroughly investigated later.

Lastly, the Commission was asked how well such a system would work for other mobile populations, for example, those in the inner cities or in the Department of Defense overseas schools (NCME, 1991). The Commission recommended against using the MSRTS as a model for tracking the education and health records of other mobile populations until the system had undergone major improvements and proven itself effective.

The Commission made six recommendations for improving the MSRTS. The Commission considered the following recommendations to be interdependent and equally important for the enhanced operation and use of the MSRTS:

- reduce the scope of the MSRTS record to essential data on students' school enrollment and health status;
- increase direct access of local educators to MSRTS;
- provide a role for migrant students and their families in MSRTS;
- conduct a technical assessment of MSRTS with an independent research agency;
- design data-quality procedures to ensure completeness, accuracy, and security of student information; and
- require certification of compliance with MSRTS procedures by the Secretary of Education before approving applications for migrant programs.

At this writing, a competition is underway for the new contract to operate the MSRTS. The new contractor will likely address many of the recommendations of the National Commission on Migrant Education. Thus, educators can expect to see changes over the next several years in the operation of the MSRTS—changes that many hope will build on the strengths of the existing system while creating new avenues for improving the delivery of education and health services to migrant students.

For more information about the MSRTS

Additional information about the MSRTS may be obtained in the following ways:

- contact the local migrant program office in your school district;
- contact your state's migrant education program under the auspices of the state's education department;
- contact MSRTS, Department of Education, 4 State Capitol Mall, Little Rock, AR 72201-1071; or
- contact the MSRTS by calling 1-800-643-8258 or 501/375-4960.

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This publication was prepared with funding from the U.S. Department of Education, Office of Educational Research and Improvement, under contract no. RI-88-062016. The opinions expressed herein do not necessarily reflect the positions or policies of the Office of Educational Research and Improvement or the Department of Education.

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